

## Sensory-Motor Integration in the Medial Medulla

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**Abstract:** The rostromedial medulla, including the nucleus gigantocellularis (NGC) and magnocellularis (NMC), plays a role as a relay nucleus for both the sensory and motor systems. The NGC/NMC is important in the modulation of somatic and visceral activities. Electrophysiological and pharmacological studies have shown that the NGC/NMC is involved in nociception, locomotion, regulation of basal muscle tone, sleep, as well as cardiovascular and pulmonary activities. Pharmacological and electrical stimulation of the NGC/NMC can produce opposite effects on physiological functions: analgesia or hyperalgesia, and suppression or facilitation of motor activity, depending on the subgroups of neurons activated and the states of the sleep-wake cycle at the time of stimulation. Sensory inputs including noxious and innocuous stimuli converge on the NGC/NMC. The NGC/NMC also plays a role as a relay nucleus, which sends sensory information to the higher centers. The NGC/NMC receives projections from the supra-bulbar motor facilitatory and inhibitory areas, and plays an important role in the regulation of motor activity. Pharmacologically, neurons in the NGC/NMC contribute to opioid, glutamate, GABA, acetylcholine, dopamine, substance P, neurotensin, hypocretin (orexin), and cannabinoid mediated sensory and motor activities, as well as cardiovascular and pulmonary functions. In this review, we will discuss the neuronal morphology, physiological functions and pharmacological characterization of the rostromedial medulla. We will consider the evidence that dysfunction of the NGC/NMC is a factor in a number of neurological diseases, including Parkinson's disease, restless legs syndrome, periodic leg movement, REM sleep behavior disorder, amyotrophic lateral sclerosis and narcolepsy.

**Key Words:** Opioid, glutamate, GABA, glycine, dopamine, acetylcholine, serotonin, nociception, Parkinsonism, periodic leg movement, myoclonus, narcolepsy, REM sleep behavior disorder, restless legs syndrome.

### INTRODUCTION

The medullary reticular formation is traditionally segregated into the medial somatic- and lateral visceral-related areas. However, somatic and autonomic activities are well coordinated. For example, cardiovascular-respiratory changes are correlated with somatic sensory-motor activity during exercise. Coordination of somatic and autonomic activity can result from interconnections between somatic and autonomic control structures, as well as interactions within nuclei, which are involved in both somatic and autonomic activities. The rostromedial medulla (RMM) is one of the areas of the central nervous system (CNS) that is involved in both somatic and autonomic regulation. However, the RMM has traditionally been considered as a somatic nociceptive and a motor control area. The autonomic role of the RMM has received little attention, although Bach [22] demonstrated that the activation of RMM causes changes in cardiovascular and respiratory activity, as well as the facilitation and inhibition of somatic motor activity in 1952. Therefore, we will discuss the functional aspects of RMM in the modulation of both somatic and autonomic systems in this review. Section 1 will focus on the morphology of the RMM, and the anatomical link between RMM and the other areas of the CNS. Section 2 will discuss physiological data on the role of the RMM in sensory-motor

integration and autonomic modulation. The effects of sensory stimuli on RMM neuronal activity and of neuronal activity in the RMM on sensory processing and motor outputs will also be discussed. Section 3 will focus on pharmacological studies of the effects of activation and inactivation of RMM effect on somatic sensory and motor systems, as well as autonomic system. Section 4 will describe the involvement of RMM in neurological disorders.

### 1. ANATOMICAL STUDIES OF THE ROSTROMEDIAL MEDULLA

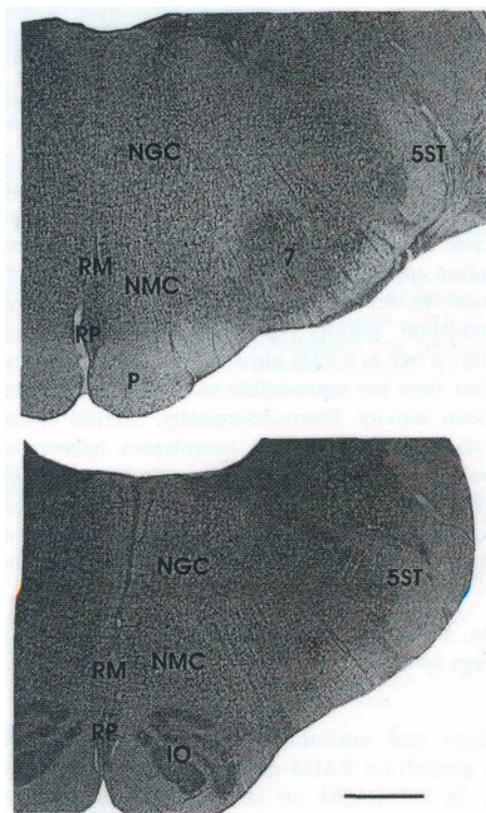
#### 1.1. Terminology of the Rostromedial Medulla

The RMM can be divided anatomically into 2 regions. The nucleus gigantocellularis (NGC), which contains giant neurons, in the dorsal portion, and the nucleus magnocellularis (NMC), which has small to large sized neuron, in the ventral portion of the RMM (Fig. 1). Terminology used for the ventral portion of the RMM has varied as a function of species and author. NGC alpha (NGC $\alpha$ ) in the rostroventral and NGC ventralis (NGC $\nu$ ) in the caudoventral RMM has been used in the rodent [362]. In the cat, NGC is used to represent the entire area of the RMM according to Snider and Niemer [440] and Taber [453], whereas NGC and NMC are used to designate the dorsal and ventral RMM, respectively, by Berman [33].

Though NGC and NMC (NGC $\alpha$  and NGC $\nu$  in the rodent) share some similarities, they exhibit differences in morphology, anatomical links, physiological function and pharmacological characteristics. In this paper, we use the

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terms NGC and the NMC to represent studies in all animals, with the NGC indicating dorsal, and NMC, ventral regions of the medial medulla.



**Fig. (1).** Histology of the rostral medial medulla in the cat. The term nucleus gigantocellularis alpha is used in the rodent, whereas nucleus magnocellularis (NMC) is preferred in reference to the cat, when designating the ventral part of the rostromedial medulla. IO: inferior olive, NGC: nucleus gigantocellularis, P: pyramidal tract, RM: raphe magnus, RP: raphe pallidus, 5ST: spinal trigeminal tract, 7: facial nucleus. Calibration: 1 mm.

### 1.2. Phenotypes of NGC/NMC Neuron

The NGC/NMC is a heterogeneous area which contains many neuronal phenotypes. Acetylcholine, GABA, glutamate, and enkephalin are found in NGC neurons [57, 177, 252]. Enkephalin [122, 311, 396], substance-P [71, 311], somatostatin [315], cholecystokinin [237, 439], thyrotropin-releasing hormone [202, 409], neurotensin [18], glutamate [252], GABA [177], glycine [123, 385], acetylcholine [177, 208] and serotonin [202, 261, 262] are used as neurotransmitters by NMC neurons. Nicotinamide adenine dinucleotide phosphate-diaphorase positive neurons, which use nitric oxide as their neurotransmitter, are also found in both NGC and NMC [252].

### 1.3. Anatomical Link Between NGC/NMC and the Other Areas of the CNS

Neural circuitry can be approached using electrophysiological, pharmacological, and anatomical techniques.

Antero- and retrograde axonal transport tracers have shown that the NGC/NMC receives inputs from, and sends efferents to widespread areas of the CNS. These diffuse interconnections between NGC/NMC, and the other areas of the CNS have suggested to some authors that the NGC/NMC plays a role in "level setting" of the excitability of the spinal cord [179].

#### 7.3.7. Forebrain

Anatomical studies have demonstrated that neurons in the NGC and NMC project to the cortex [339, 496]. Conversely, projections from the cortex to the NGC and NMC have also been found using anatomical and electrophysiological techniques [12, 165, 172, 220, 240, 340, 392, 399]. Projections from the NGC/NMC to the thalamic nuclei have been identified. The midline and intralaminar thalamic nuclei are related to cognitive control and sleep [95, 136, 198, 227, 329]. They receive strong projections from the NMC and moderate projections from the NGC in the rat [236, 341, 496] and the cat [338, 345]. The motor-related nuclei of the thalamus, the ventrolateral and mediodorsal nuclei, also receive moderate projections from the NGC [298] and a few projections from the NMC [341].

*The preoptic nucleus, an area related to sleep induction,* has axonal projections to the NMC [436]. In the hypothalamus, the anterior, lateral/posterior, and paraventricular area have strong projections to the NMC and light to moderate projections to the NGC [178, 493]. Neurons in the NGC and NMC also project to the hypothalamus [298, 405, 491]. Reciprocal innervation between Forel's field and the NGC/NMC has also been identified by electrophysiological [192, 193] and anatomical [491, 517] studies.

#### 7.3.2. Brainstem

Anatomical studies have shown a very strong reciprocal innervation of the midbrain and the NGC/NMC. Neurons in the mesencephalic reticular formation, the median raphe, and the superior colliculus project to the NGC/NMC [182, 252, 279, 298], with strong innervations of the NMC and ventral NGC [516]. Reciprocal innervation between the NGC/NMC and other areas of the midbrain, such as dorsal raphe, dorsolateral and Pedunculopontine tegmental nuclei has also been demonstrated using anterograde and retrograde transport tracing techniques [205, 252, 421, 491, 492].

The midbrain periaqueductal gray (PAG) and the NMC are anatomically and physiologically linked and function together in the modulation of algescic responses (see below). Neurons in the PAG that project to the NMC are located mainly in the rostral dorsolateral and caudal ventrolateral portions of the nucleus [52, 182, 252, 279, 351, 439, 482, 518]. Using anterograde transport tracing (PHA-L) technique, Farkas *et al.* [115] found that PAG neurons predominantly innervate the NMC with a few projections to the NGC. Conversely, NGC/NMC neurons have been shown to project to the PAG [74, 206].

In the pons, neurons in the pontine inhibitory area [247], which is involved in the regulation of REM sleep atonia, and neurons of the locus coeruleus complex project to the

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NGC/NMC [252, 279]. Reciprocally, NGC/NMC neurons send their axonal projections to the locus coeruleus and pontine inhibitory area [206, 298]. In the medulla, the NGC/NMC receives projections from the vestibular nuclei, which are involved in the control of posture, and the rostral ventrolateral medulla [252], which is involved in the regulation of the cardiovascular and respiratory system. Conversely, neurons in the NMC project to the contralateral side of the NMC, and bilaterally to the rostral ventrolateral medulla [41,516] and vestibular complex [141].

**1.3.3. Cerebellum**

The cerebellum is not a major target of NGC/NMC projections. However, reticulo-cerebellar projection neurons were found in the NGC/NMC of the North American opossum [293] and the cat [102, 414]. Electrophysiological and anatomical studies showed that neurons in the deep cerebellar nuclei, lateral, fastigial, and interpositus, project to the NGC/NMC [35, 185].

**1.3.4. Cranial Sensory and Motor Nuclei**

The oral motor nuclei, including trigeminal, facial, and hypoglossal nuclei, are functionally related to facial expression, chewing, swallowing, licking and respiration. Intracellular recording in the anesthetized guinea pig demonstrated that stimulation in the NGC/NMC produces excitatory and inhibitory post-synaptic potential (EPSP and IPSP) in trigeminal motoneurons [144], indicating that neurons in the NGC/NMC project to the trigeminal motor nucleus. Anatomical studies confirmed the projections from the NGC and NMC to the oral motor nuclei [43, 180, 285, 319, 455, 474, 517], although the number of projecting neurons is very small [122]. Glycinergic [386], GABAergic [269] and histological unidentified neurons in the NMC have been found to project to the oral motor nuclei. Neurons in the NGC also project to the other cranial motor nuclei, including oculomotor, trochlear [353, 517], abducens [444], and ambiguous [474]. In the cranial sensory system, NGC/NMC neurons have also been found to project to the trigeminal sensory nucleus [353].

**1.3.5. Spinal Cord**

It is well-documented that the NGC/NMC and the spinal cord are reciprocally innervated. However, differences in input afferents from, and output efferents to, the spinal cord between the NGC and the NMC have been found. First, NGC/NMC reticulospinal projections mainly originate from the NMC [241]. Second, reticulospinal neurons from the rostral and caudal NMC tend to innervate the dorsal and ventral horn, respectively, whereas descending projections from the NGC are mainly found in the ventral horn, intermediolateral cell column and the sacral parasympathetic nucleus [294]. However, descending fibers from the NGC and NMC can be seen in all laminae of the spinal cord [4, 9, 26, 173, 181, 349, 379, 515]. Finally, Hayes and Rustioni [163] and Kausz [218] demonstrated that the NGC projects to the cervical and thoracic, whereas neurons in the NMC project to all segments of the spinal cord, although neurons in the NGC that project to the lumbosacral cord were also

reported [368, 426, 457]. Many neurotransmitters employed in the NGC/NMC reticulospinal projection have been identified. Some of reticulospinal neurons from the NGC contain enkephalin and GABA [57, 390]. All phenotypes of transmitter employed by NMC neurons (see Section 1.2) have been reported in projections to the spinal cord [41, 57, 104, 127, 183, 184, 202, 207, 242, 287, 289, 311, 316, 388, 396,409,438,450].

Ascending projections from the spinal cord were also found to innervate the NGC/NMC. Using a lesion technique, Rossi and Brodal [400] and Hazlett *et al.* [164] found that degenerating fibers are present in the NGC/NMC after spinal cord lesion. A retrograde transport tracing study confirmed that NGC/NMC received spinal projections [147]. Axons of ascending spinothalamic and spinohypothalamic neurons have been shown to bifurcate and innervate the NGC/NMC [234, 308]. Neurophysiological study, using unit recording and antidromic stimulation techniques, demonstrated that neurons in the spinal lumbar cord project to the NMC in the cat [58].

**2. ELECTROPHYSIOLOGICAL STUDIES OF NGC/NMC IN THE MODULATION OF SENSORY-MOTOR ACTIVITY**

Using electrical stimulation and extra- and intra-cellular recording techniques, a relationship between NGC/NMC neuronal activity and sensory/motor activity has been established. Sensory stimuli alter NGC and NMC spontaneous and stimulus-induced firing discharge. Activation of NGC and NMC changes somatomotor and vasomotor activities.

Evidence of the various physiological functions of NGC/NMC described below is derived from studies performed in the behaving, anesthetized, or decerebrate animals. Distinct results may be generated using different types of animal preparations due to interactions of forebrain and brainstem regions of the CNS, and the effect of anesthetics on neuronal activity. In the decerebrate preparation, the forebrain is removed under gas anesthesia and then, gas anesthesia is discontinued because the animal can not perceive pain. Therefore, the decerebrate preparation has been widely used in the study of brainstem modulation of spinal cord uncontaminated by anesthetics or forebrain influences.

**2.1. Sensory System****2.1.1. Neuronal Response to Sensory Stimuli**

The NGC/NMC receives sensory information from somatic and visceral organs and modulates sensory activity. In 1955, Scheibel *et al.* [414] demonstrated that NGC/NMC neurons respond to sensory stimuli (acoustic click, touch on the nose) in decerebrate and anesthetized cats. In the 1960s and early 1970s, many laboratories studied the responses of NGC/NMC neurons to somatic sensory stimulation. They found that a very high percentage of NGC/NMC neurons responded to somatic noxious (pinching) and innocuous cutaneous stimuli, joint movement, and muscle contraction, as well as visceral noxious stimulus induced by intra-arterial

injection of bradykinin in the anesthetized decerebrate, as well as in the awake animal [54, 55, 142, 378, 420, 506]. Similar findings have also been reported in later studies [37, 38, 113, 268, 333, 357]. The receptive field of some NGC/NMC neurons to cutaneous stimuli is very extensive, covering almost all of the body area [98, 356, 403, 430, 509]. In addition to cutaneous stimuli, neurons in the NGC/NMC are also reported to respond to auditory, visual, and vestibular stimuli [432, 509].

The NGC/NMC also plays a role as the relay nucleus, the spino-reticulo-thalamic pathway, of the sensory system. Bowsher *et al.* [46] reported that NMC bulbo-thalamic projection neurons respond to acoustic, light, non-noxious and noxious cutaneous stimuli. [194].

### 2.1.2. Modulation of Sensory Activity

Neurons in the NGC/NMC not only respond to sensory stimulation, but also modulate behavioral responses to sensory stimuli. Electrical stimulation in the NGC and NMC has been shown to produce inhibitory [120, 412], facilitatory, and biphasic effects [521, 522], on reflex activity induced by noxious and innocuous somatic and visceral stimuli. These results indicate that neurons in the NGC/NMC participate in the regulation of non-noxious and noxious sensation, and that the inhibitory and facilitatory neurons are intermingled in the NGC/NMC. Indeed, unit recording has revealed that noxious related On and Off cells are intermixed in the NGC and NMC [119, 485]. The differential effect on nociceptive responses induced by electrical stimulation of the NGC/NMC may result from activation of either On or Off cells, or both.

At the spinal level, sensory and spinal ascending projection neuronal activity has been shown to be modulated by NGC/NMC stimulation. In 1959, Tolle *et al.* [473] demonstrated that electrical stimulation in the NMC inhibits spinal cord potentials induced by splanchnic nerve stimulation. Stimulation in the NMC also inhibits transmission from primary and cutaneous afferents to motoneurons [197] and from flexor reflex afferent to ascending spinal pathways [106], which are involved in spino-bulbo-spinal reflexes. Extracellular recording demonstrated that electrical stimulation in the NMC and the ventral NGC elicits inhibitory, facilitatory and biphasic effects on the spinal dorsal horn [137, 268, 520, 522] and viscerosomatic [463] neuron activity. Excitatory effect on spinal neuronal activity in laminae VII and VIII, which respond to pinching/squeezing hindlimb muscles, joints, and subcutaneous, induced by stimulation in the NMC were also reported [58]. Spinothalamic tract neurons, which respond to noxious and non-noxious sensory stimuli from hair movement and mechanical stimulation of the skin, are also known to be inhibited and excited by stimulation of the NGC and NMC [94, 131, 148, 149, 303].

Physiological links between NGC/NMC and PAG involvement in nociception have been well-studied. It has been suggested that antinociception induced by electrical and chemical stimulation in the PAG is mediated through the NGC/NMC. Activation of the PAG produces analgesia, while simultaneously changing firing rates in neurons

located in the NGC and NMC [321, 325]. On the other hand, inactivation of the NMC induced by lidocaine injection significantly increases the stimulation current required in the PAG for induction of analgesia [407] and decreases the analgesic response induced by morphine injection into the PAG [480]. Electrolytic lesion of the NMC has also been reported to abolish analgesia induced by the injection of neurotensin into the PAG [30].

### 2.2. Motor Activity

Stimulation of NGC/NMC produces either facilitatory or inhibitory effects on motor activity. The effect of NGC/NMC activation on motor activity depends on the site of stimulation, stimulation parameters, animal preparation and sleep-waking states. In general, stimulation in the medial portion of the NGC/NMC produces inhibition, whereas stimulation of the lateral portion produces either inhibition, or inhibition followed by facilitation of motor activity, in decerebrate and in anesthetized animals [233, 278, 283, 284]. The posture of the animal is a factor in determining the motor responses to NGC/NMC stimulation. Inhibition of somatic and visceral reflexes [8], global muscle atonia [145, 151, 243], and muscle relaxation [284] were observed when NGC/NMC stimulation was applied in the decerebrate animal, which was not supported by a moving treadmill. However, stepping-like activity can be generated by NGC/NMC stimulation, when decerebrate or anesthetized animals are placed on a moving treadmill [346, 397]. The stimulation parameters have a major role in determining whether stimulation has an inhibitory or facilitatory effect on motor activity. Low intensity stimulation tends to induce inhibition, whereas high intensity stimulation produces either inhibition followed by facilitation, or facilitation [151, 243]. Finally, motor responses to NGC/NMC stimulation depend on sleep-waking states in the behaving animal. Stimulation applied during waking produced head movement, elbow flexion and extension, increases in tonic neck muscle activity [96, 97] and escape behavior [56]. On the other hand, stimulation, which increased muscle tone during waking, induced suppression of muscle tone during sleep [418].

NGC/NMC is required for both mesencephalic locomotion region stimulation induced locomotion, and pontine inhibitory area stimulation induced muscle atonia in decerebrate and in anesthetized animals. Inactivation of NGC/NMC by cooling, chemical injection, and lesion either blocked stepping induced by mesencephalic locomotion region stimulation, or increased the threshold for mesencephalic locomotion region stimulation to induce locomotion [290, 347, 423]. Our study showed that microinjection of glutamate antagonists into the NMC reversed muscle tone suppression induced by pontine carbachol injection [244]. Indeed, Iwakiri *et al.* [195] demonstrated that stimulation in the mesencephalic locomotion region and pontine inhibitory area activates different populations of NGC/NMC reticulospinal neurons, and produces locomotion and muscle tone suppression, respectively. However, lesions in the NGC/NMC in the behaving animal produce a temporary motor deficit during waking and permanent rapid eye movement (REM) sleep without atonia [177, 417], indicating that the NGC/NMC plays an important role in the regulation of muscle activity during sleep.

Unit recording studies have confirmed that neuronal activity in the NGC/NMC is related to motor activity. The activity of subpopulations of NGC/NMC neurons correlates with axial, limb, eye, and facial movement during waking [432, 433], as well as REM sleep phasic and tonic muscle activity [431, 489] in the behaving animal. In decerebrate animals, NGC/NMC neuronal activity has been found to correlate with spontaneous and mesencephalic locomotion region induced locomotion walking on treadmills [365].

### 2.3. Cardiovascular and Respiratory Activities

As early as 1939, Pitts *et al.* [376] reported that electrical stimulation in the NGC and NMC produces opposite effects on respiratory activity, with the NMC and NGC related to inspiration and expiration, respectively. Their findings were confirmed in other laboratories. Electrical stimulation in the NMC increases respiratory [343] and phrenic nerve activity [510], whereas stimulation in the NGC produces a decrease in respiratory rate, tidal volume and amplitude of phrenic nerve activity in anesthetized cats [451]. Our recent study found that stimulation in the NGC either decreases the amplitude of diaphragm activity, or terminates inspiration in the decerebrate animal [254]. On the other hand, stimulation of NMC caused an increase in the amplitude of diaphragm EMG and prolonged diaphragm activity when the stimulation was applied during inspiration, whereas diaphragm activity (expiration) was activated when stimulation was applied during expiration [254]. Unit recording has shown that the firing pattern of NMC neurons is correlated with inspiratory activity in the anesthetized cat [146]. Thus, lesions in the NMC cause a decrease in tidal volume [447] and block hyperpneic and tachypneic responses to hypercapnea [318]. Lesions in the NGC cause an increase in tidal volume and respiratory frequency induced by stimulation of the hypothalamic locomotor region [393].

Stimulation in the NGC/NMC also induces a change in cardiovascular activity. Unlike respiratory activity, which showed an opposite effect after NGC and NMC stimulation, activation of both the NGC and the NMC produced a reduction of mean arterial pressure and heart rate in the decerebrate and anesthetized cat [60, 61, 238, 394, 451]. The same stimulation caused an 80-92% inhibition of the cardiac sympathetic, and a 45-58% inhibition of cardiac vagal nerve activity in the anesthetized cat [510].

### 2.4. Convergence of Somatic and Visceral Inputs and Divergent of Somatic and Visceral Outputs of the NGC/NMC

NGC/NMC neurons were found to respond to innocuous and noxious somatic stimuli, as well as to increase in blood pressure induced by systemic administration of norepinephrine and occlusion of the descending aorta in the  $\alpha$ -chloralose anesthetized cat [509]. Unit recording revealed that an increase in mean arterial blood pressure elicited both a decrease and an increase in spontaneous NGC/NMC somatic noxious On- and Off-cell activity, respectively [470]. Stimulation of vagal afferents inhibited 60% of Off-cells, whereas the same stimulation excited all On-cells, indicating that activation of baroreceptors modulates somatic

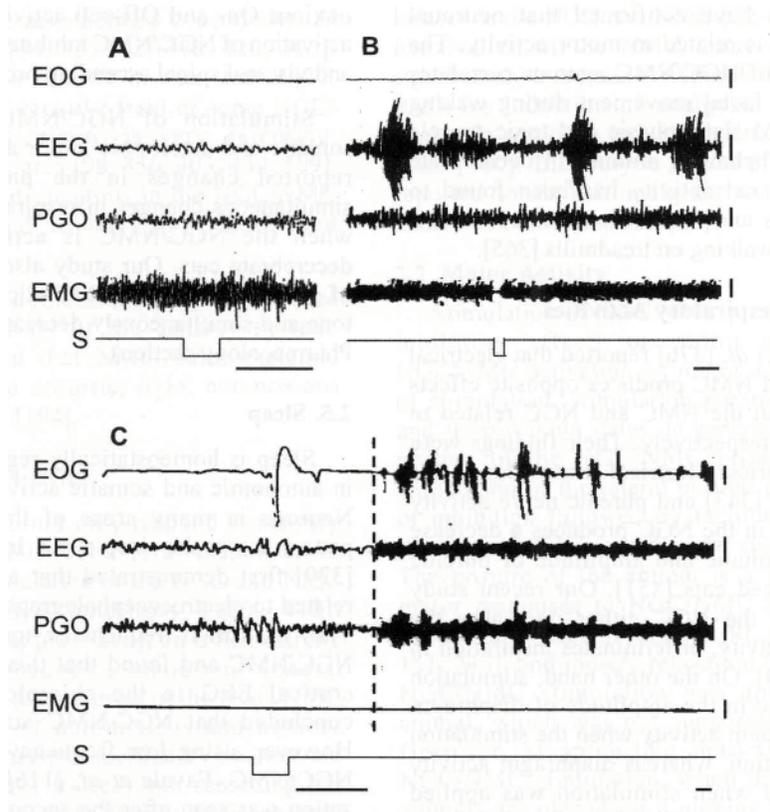
noxious On- and Off-cell activity [470]. On the other hand, activation of NGC/NMC inhibited the activity of both somatic and visceral spinal ascending projection neurons [62].

Stimulation of NGC/NMC also induced change in somatic and autonomic motor activities. In 1952, Bach [22] reported changes in the patellar tendon reflex with simultaneous changes in respiratory and vasomotor activity, when the NGC/NMC is activated in anesthetized and decerebrate cats. Our study also showed that microinjection of glutamate into the NMC elicited a suppression of muscle tone and simultaneously decreased blood pressure [246] (see Pharmacology section)

### 2.5. Sleep

Sleep is homeostatically regulated and includes changes in autonomic and somatic activities and hormone secretion. Neurons in many areas of the CNS change their firing pattern across the sleep cycle. In 1949, Moruzzi and Magoun [329] first demonstrated that activity of the NGC/NMC is related to electroencephalographic (EEG) desynchronization. They used high frequencies, up to 300 Hz, to stimulate the NGC/NMC and found that this produced a desynchronized cortical EEG in the chloralose anesthetized cat. They concluded that NGC/NMC activity is related to waking. However, using low frequency (14 Hz) stimulation of the NGC/NMC, Favale *et al.* [116] found that EEG synchronization was seen after the second pulse of stimulation. They also found that NGC/NMC stimulation had no effect on cortical activity during fully activated EEG desynchronization, but that a synchronized EEG can be induced when stimulation is administered in the animal during drowsy state with light EEG desynchronization. Their findings suggest that the effect of NGC/NMC activity is state-dependent. State-dependent firing was reported by our laboratory as well as other laboratories. The sleep-related neurons recorded in the NGC/NMC can be divided into 2 categories. Movement-related neurons have a high firing rate during waking with movement and in REM sleep. Sleep-related neurons in which firing rate was minimal in active waking and increased during quiet waking and slow wave sleep (SWS) with maximal firing in REM sleep [214, 264, 430, 431, 489].

The REM sleep active cells in the NGC/NMC may be involved in the suppression of muscle tone [214], because stimulation in this region during REM sleep induced hyperpolarization of motoneurons [63]. Lesions in this area produced an increase in tonic and phasic muscle activity during REM sleep [177, 417]. The motoneuron response to NGC/NMC stimulation is state-dependent. Intracellular recording has demonstrated that electrical stimulation in the NGC/NMC produced hyperpolarization of the spinal and trigeminal motoneuron during natural and carbachol-induced REM sleep, with no effect on motoneuron excitability during waking and SWS [64, 364]. Our study, recording from neck muscles in the behaving cat, showed that electrical stimulation in the NGC/NMC also produced a state-dependent change in muscle tone [418] (also see Section 2.4). We found that electrical stimulation of the NGC/NMC induces muscle atonia during SWS in the behaving cat (Fig. 2). These results indicate that the NGC/NMC is required for inducing muscle



**Fig. (2).** Effect of sleep states on muscle responses to medial medullary stimulation. Electrical stimulation (150 Hz, 50  $\mu$ A and 0.2 ms rectangular pulses; train duration, A and C: 500 ms, B: 300 ms) administered into the nucleus gigantocellularis produces state-dependent muscle responses in the behaving cat. Stimulation applied into the NGC produces no change in muscle tone during waking (A), suppression in muscle tone (atonia) during slow wave sleep (B). Muscles are atonix during normal REM sleep and stimulation produces no further change in REM sleep (C). EEG: electroencephalogram; EMG: electromyogram; EOG: electro-oculogram; PGO: pontogeniculoocular spike; S: electrical stimulation. Calibration, 100  $\mu$ V and 1 sec.

atonia. Activation of the NGC/NMC exerts an inhibitory effect on motoneurons during SWS, which resembles that normally seen during REM sleep.

The response of the NGC/NMC neurons to sensory input is also state-dependent. Okuma and Fujimori [355] demonstrated that NGC/NMC neuronal responses to cutaneous stimulation are decreased during SWS and further suppressed during REM sleep, when compared with waking. Leung and Mason [264] found that the firing of the NGC/NMC cells responsive to noxious stimuli did not differ between waking and SWS. In contrast, the spontaneous activity of both noxious On- and Off-cells was altered across the sleep cycle. Most of the noxious On-, Neutral-, and unclassified neurons were wake-active, having a higher discharge rate during waking than that in SWS. On the other hand, the majority of noxious Off-cells were SWS active, showing a higher firing during SWS than during waking.

### 3. PHARMACOLOGICAL CHARACTERIZATION OF THE NGC/NMC

The effect of agonists and antagonists on behavioral responses and neuronal activity can be approached by using microinjection and iontophoretic injection techniques. Several putative neurotransmitters have been shown to

modulate sensory (Fig. 3) and motor (Fig. 4) responses when injected into the NGC/NMC. Unlike electrophysiological studies, which were performed in both NGC and NMC, most pharmacological studies have been performed in the NMC. Therefore, this section will primarily discuss pharmacological studies in the NMC.

#### 3.1.Opioids

##### 3.7.7. Classification of Opioid Agonists

Drugs, natural and synthetic, with morphine-like activity are referred to as opioids. Three endogenous opioid families, the enkephalins, the endorphins, and the dynorphins, have been chemically isolated and purified. Each family is derived from a distinct precursor, proopioidmelanocortin (endorphin), proenkephalin (Met-enkephalin), or prodynorphin (Leu-enkephalin and dynorphin). In general, morphine and Met- and Leu-enkephalin activate the  $\mu$ -opioid receptor, whereas endorphin and dynorphin activate  $\delta$ - and  $\kappa$ -opioid receptors, respectively.

##### 5.7.2. Opioid Receptors

The existence of multiple opioid receptors has been well-documented. In 1976, Martin and his colleagues [296]

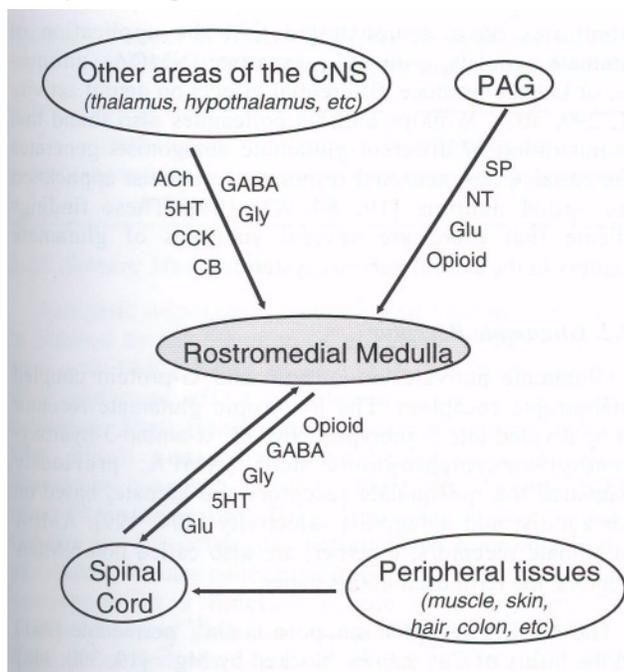


Fig. (3). Schematic of rostromedial medulla pathways involved in the modulation of sensory systems. Sensory inputs from either the spinoreticular neurons or spinothalamic neurons bifurcate and innervate the NGC/NMC. The effect of NGC/NMC on sensory modulation can be influenced by the periaqueductal gray (PAG) and the other areas of the CNS. Putative neurotransmitters used for the projecting neurons are listed along arrows. ACh: acetylcholine; CB: cannabinoid; CCK: cholecystokinin; Glu: glutamate; Gly: glycine; NT: neurotensin; SP: substance P; 5HT: serotonin.

identified 3 opioid receptors,  $\mu$ ,  $\kappa$ , and  $\delta$ , based on their physiological responses to morphine- and nalorphine-like drug administration in chronic spinal dogs. It was later found that the  $\delta$  receptor does not belong to the opiate family [381], because opiate-related compounds, morphine and naloxone, exhibited very low affinities for the receptor [258]. In 1977, Lord *et al.* [275] studied the binding affinity of endogenous opioid peptides to mouse vas deferens and guinea pig ileum. They proposed that an additional receptor, the 5-opioid receptor, existed. Each opioid receptor has a unique distribution in the central nervous system, with  $\mu$  and  $\delta$  opioid receptors predominantly found in the cortex and forebrain. All 3 opioid receptors are found in the NGC and NMC [88, 92, 212, 286, 289, 327, 497], with  $\mu$ -opioid receptor located postsynaptically and 5-opioid receptor located presynaptically [213].

### 3.1.3. Sensory Modulation

Opioids are well-known to regulate the pain response. The neural circuitry of opiate-related nociception involves the PAG and the NGC/NMC [27]. Electrical stimulation, as well as opioid agonists and GABA antagonists injected into the PAG induced analgesia [112, 270, 321, 402]. Analgesia induced by activation of PAG had been hypothesized to be mediated through the NGC/NMC, because opiate antagonists [402] injected into the NGC/NMC attenuated PAG induced antinociception.

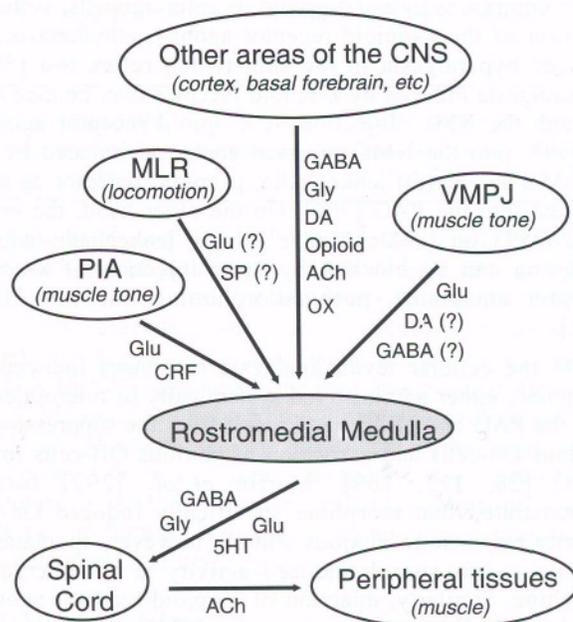


Fig. (4). Schematic of rostromedial medulla and its pathways involved in the modulation of motor system. The rostromedial medulla modulates motor activity via inhibitory GABAergic and glycinergic, as well as excitatory glutamatergic and serotonergic reticulospinal neurons. Activity of the NGC/NMC is affected by the inputs from the higher motor regulatory centers, such as pontine inhibitory area (PIA), mesencephalic locomotion region (MLR) and ventral mesopontine junction (VMPJ). CRF: corticotropin-releasing factor; DA: dopamine; OX: orexin (hypocretin).

Akaike *et al.* [7] and Dickenson *et al.* [91] used a microinjection technique to examine the functional relations between the NGC/NMC-opioid system and nociception. They found that the injection of morphine into the nucleus raphe magnus, the NGC, and the NMC induced an analgesic response, which can be reversed by systemic injection of the opioid antagonist, naloxone. Conversely, injection of naloxone into the NMC blocked the systemic morphine injection-induced antinociceptive response [91]. Other studies showed that injection of enkephalin and morphine into the NMC and NGC produced a dose-dependent increase in the latency of nociceptive reflexes [130, 200, 475]. These results indicate that the  $\mu$ -opioid receptor in the NGC/NMC is involved in the analgesic response.

Algesic responses were also induced by activation of 5-opioid receptor in the NGC/NMC. Both the specific  $\delta_1$ -opioid receptor agonist,  $[D-Pen^2, D-Pen^5]$ enkephalin and the 52-opioid receptor agonist,  $[D-Ala^2, Glu^4]$ deltorphin injected into the NMC induced an increase in latency of the tail-flick in the rat [158, 189, 398, 469]. The effect of  $\delta_1$ - and  $\delta_2$ -opioid receptor agonists on nociceptive responses can be blocked by local NGC/NMC injection of  $\delta_1$ -, 7-benzylidenenaltrexone and  $[D-Ala^2-Leu^5-Cys^6]$ enkephalin, and  $\delta_2$ -, naltriben, opioid receptor antagonists, respectively [398,469].

In contrast to  $\mu$ - and  $\delta$ -opioid receptor agonists, systemic infusion of the K-opioid receptor agonist, ethylketazocine, induced hyperalgesia in the skin twitch reflex test [507]. Hyperalgesia induced by K-opioid receptor may be mediated through the NMC. Injection of K opioid receptor agonist, U69593, into the NMC reversed analgesia induced by [D-Ala<sup>2</sup>,MePhe<sup>4</sup>,Gly(ol)<sup>5</sup>]enkephalin,  $\mu$ -opioid receptor agonist, injected into the PAG [361]. On the other hand, the effect of U69593 on [D-Ala<sup>2</sup>,MePhe<sup>4</sup>,Gly(ol)<sup>5</sup>]enkephalin-induced analgesia can be blocked by prior injection of K-opioid receptor antagonist, norbinaltorphimine, into the NMC [361].

At the cellular level, analgesic responses induced by morphine, either administered systemically or microinjected into the PAG and NMC, may result from the suppression of noxious On-cells and activation of noxious Off-cells in the NMC [28, 112, 169]. Martin *et al.* [292] further demonstrated that morphine specifically reduced On-cell activity response to noxious stimuli, however, spontaneous and innocuous stimuli induced activity is not altered by morphine. Similarly, injection of  $\delta$  opioid receptor agonist, [D-Ala<sup>2</sup>, Glu<sup>4</sup>]deltorphin, into the NMC also produces inhibitory and facilitatory effect on On- and Off-cell activity, respectively [158].

### 3.1.4. Motor Modulation

The functional effect of the opioid system in the NGC/NMC on motor activity is not clear. Morgan and Whitney [326] reported that injection of morphine into the NMC produces a decrease in open field activity. Our study (unpublished data) found that microinjection (0.3  $\mu$ l) of dynorphin A<sub>1-13</sub>, a K-opioid receptor agonist, at a dose of 3 picomole into the NMC produced muscle tone suppression in the decerebrate cat. The same injection also blocked spontaneous and sensory-induced myoclonus induced by ventral mesopontine junction lesion in the decerebrate cat. In contrast, injection of [D-Ala<sup>2</sup>,MePhe<sup>4</sup>,Gly(ol)<sup>5</sup>]enkephalin and  $\beta$ -endorphin, both  $\mu$ -opioid receptor agonists, as well as [D-Pen<sup>2</sup>,D-Pen<sup>5</sup>]enkephalin, a  $\delta$ -opioid receptor agonist, into the NMC did not change muscle activity. Those results indicate that activation of NMC K-, but not JJ,- and  $\delta$ -opioid receptor, may be involved in the regulation of motor activity.

## 3.2. Glutamate

Glutamate is the major excitatory neurotransmitter in the CNS. Anatomical studies have demonstrated that glutamate immunoreactive perikarya, fibers, and terminals can be seen throughout the brain and spinal cord.

### 3.2.1. Classification of Glutamate Agonists

Glutamate was found to exert an excitatory effect on neuronal activity as early as the 1950's [76, 162]. It was hypothesized that glutamate depolarizes the neuronal membrane via an increase in Na<sup>+</sup> conductance [78, 187, 277]. The glutamate effect on neuronal activity can be antagonized by many varieties of dipeptide, such as Y-D-glutamylglycine (DGG) and L-glutamic acid diethyl ester (GDEE). Both of these are non-selective glutamate antagonists [204]. Using pharmacological techniques, many

laboratories have demonstrated that the application of glutamate agonists, N-methyl-D-aspartate (NMDA), quisqualate, or kainate produce differential effects on neural activity [81, 299, 307]. Watkins and his colleagues also found that administration of different glutamate antagonists generates differential spinal neuronal responses to agonist application onto spinal neurons [19, 80, 82, 109]. These findings indicate that there are several subtypes of glutamate receptors in the central nervous system.

### 3.2.2. Glutamate Receptor

Glutamate activates ionotropic and G-protein coupled metabotropic receptors. The ionotropic glutamate receptor can be divided into 3 subtypes, NMDA,  $\alpha$ -amino-3-hydroxy-5-methylisoxazolepropionic acid (AMPA; previously designated the quisqualate receptor) and kainate, based on their agonist and antagonist selectivity [204, 499]. AMPA and kainate receptors, together, are also called non-NMDA receptors, the term used in this paper.

The NMDA receptor ionopore is Ca<sup>2+</sup> permeable [281] and the influx of Ca<sup>2+</sup> can be blocked by Mg<sup>2+</sup> [19, 300, 348] and Zn<sup>2+</sup> [240, 323]. It was originally demonstrated that activity of the NMDA receptor can be potentiated by glycine [203]. Later studies found that glycine binds to a strychnine-insensitive site [203] and is required for activation of the NMDA receptor [230]. NMDA but not non-NMDA receptor activity can be blocked by D(-)-2-amino-5-phosphonvalerate (APV) and longer chain phosphonates [82, 110]. However, there is no antagonist that specifically blocks non-NMDA receptors. Though quinoxaline-diones, 6-cyano-7-nitroquinoxaline-2,3-dione (CNQX) and 6,7-dinitroquinoxaline-2,3-dione(DNQX), are relatively selective blockers of the non-NMDA receptor [186], they also antagonize the NMDA receptor by competing with glycine for the modulatory site of the receptor complex [36, 223, 263, 387].

The metabotropic glutamate receptor (mGluR) contains 6 subunits, mGluR1 — mGluR6. The mGluR subunits can be divided into 3 groups, mGluR1/5, mGluR2/3, and mGluR4/6. The mGluR1/5 subunit is coupled to stimulate phospholipase C activity, which triggers inositol phosphate formation, Ca<sup>2+</sup> release, and then activates a Ca<sup>2+</sup>-activated Cl<sup>-</sup> channel [188, 375]. The mGluR2/mGluR3 and mGluR4/mGluR6 groups are coupled with the inhibitory cAMP cascade and involved in inhibitory neurotransmission [334, 458, 459]. The difference between these two groups is that trans-1-aminocyclopentane-1,3-dicarboxylic acid and L-2-amino-4-phosphobutyric acid, are potent activators of mGluR2/mGluR3 and mGluR4/mGluR6 subunits, respectively [188, 458].

Glutamate immunoreactive neurons are found in the NGC and NMC [252]. Neurons in the NGC and NMC also express NMDA and non-NMDA receptors [369, 370, 411, 498]. Using a double labelling technique, we found that NMC contains neurons single labeled for NMDA, AMPA, and kainate receptors, as well as neurons double-labeled for NMDA/AMPA and NMDA/kainate receptors [248, 249]. A very high percentage of NMC neurons contained more than one subtype of glutamate receptor (Table 1).

**Table 1. Percent of NMDA Receptor Immunoreactive Positive Neuron Co-localized with AMPA (GluR1, GluR2/3, GluR4) and Kainate (GluR5/6/7) Receptor Immunoreactivity in the NMC**

NMDA/GluR1	NMDA/GluR2/3	NMDA/GluR4	NMDA/GluR5/6/7
49.3%	63.0%	57.3%	56.4%

### 3.2.3. Sensory Modulation

Analgesic responses to somatic and visceral stimuli can be induced by the injection of glutamate agonists into the NGC and NMC. Satoh *et al.* [413] first investigated the NMC-glutamate effect on algesia using microinjection technique. They found that  $L$ -glutamate injected into the NMC elicits a dose-dependent analgesia in the rat as assessed by tail pinch. Similar findings are also reported by other laboratories [20, 201]. However, in later studies, Gebhart and his colleagues reported that microinjection of glutamate generates either inhibitory or facilitatory effects on nociception as a function of the dose injected. Low concentrations of glutamate induced hyperalgesia, whereas high concentrations injected into the NGC and NMC produced analgesia [520, 522].

Specific glutamate receptor agonists and antagonists were used to determine the type of glutamate receptors involved in the modulation of NGC/NMC effects on algesia. Analgesia induced by glutamate injected into the NGC/NMC can be blocked by the non-specific glutamate antagonist, DGG, and the specific NMDA antagonist, APV, in awake and anesthetized rats, indicating that the NMDA receptor is involved in NGC/NMC-analgesia [6]. Non-NMDA and mGlu receptors are also involved in NGC/NMC-glutamate-induced analgesia. Kainate, as well as 2',3'-dicarboxycyclopropyl glycine and *trans*-1-aminocyclopentane-1,3-dicarboxylic acid, a mGluR1 and a mGluR2 receptor agonist, respectively, injected into the NMC and the ventral portion of the NGC produced a dose-dependent inhibition of tail flick and hot-plate responses [225, 326]. The mGluR receptor agonist effect on the nociceptive response can be blocked by the selective mGluR receptor antagonist, (RS)- $\alpha$ -methyl-4-carboxyphenylglycine, but not naloxone [225]. Injection of the NMDA receptor antagonist, APV and MK-801, and non-NMDA receptor antagonist, CNQX, into the ventral NGC and NMC elicited a reduction of PAG opioid-induced analgesia [446].

Descending adrenergic, GABAergic, and serotonergic mechanisms may be involved in the glutamate effect on algesia. Satoh *et al.* [413] found that NMC-glutamate induced analgesia can be reversed by intrathecal administration of the  $\alpha$ -adrenergic antagonist (phenoxybenzamine and phentolamine), but not serotonin (methysergide), opioid (naloxone), and  $\beta$ -adrenergic (propranolol) antagonists. They hypothesized that the descending noradrenergic system, acting via  $\alpha$ -adrenergic receptors, plays an important role in the modulation of pain response. However, whether a descending serotonergic mechanism is involved in the glutamate effect on algesia remains unclear. McGowan and Hammond [304] demonstrated that intrathecal injection of methysergide completely blocked antinociception induced

by glutamate injection into the NMC in the tail flick test. Zhuo and Gebhart [519] reported that intrathecal injection of high, but not low, concentrations of methysergide attenuated NGC/NMC electrical stimulation induced analgesia. A GABA mechanism has also been demonstrated to be involved in NMC-glutamate induced analgesia. It has been shown that analgesia induced by glutamate injection into the NMC can be attenuated by intrathecal administration of bicuculline, a GABA<sub>A</sub> receptor antagonist, and enhanced by diazepam, a GABA<sub>A</sub> receptor agonist, indicating that a GABA<sub>A</sub> mechanism is involved in analgesia induced by glutamate injection [305].

### 3.2.4. Motor Modulation

Microinjection of glutamate into the NMC produces a change in muscle tone and motor activity. This glutamate effect on the regulation of motor activity is site- and receptor subtype-specific. Glutamate injected into the NMC, but not the NGC, elicited generalized muscle tone suppression in the decerebrate cat [244]. The effect of glutamate on muscle activity can be blocked or attenuated by glutamate antagonists, DGG and GDEE, previously injected into the same NMC site [244]. Using relatively specific NMDA and non-NMDA receptor agonists, we found that NMDA and non-NMDA receptor agonists microinjected into the NMC elicit opposite effects on muscle activity. Activation of the NMDA receptor produced an increase in muscle tone and/or locomotion [151, 247], whereas activation of non-NMDA receptors by kainate and quisqualate injection produced muscle atonia [151, 247]. Kinjo *et al.* [226] also reported increased motor activity after NMDA injection. The effect of NMDA and non-NMDA agonists on muscle activity can be blocked by APV and CNQX/DNQX, respectively [151, 226, 247]. In the behaving rat, application of kainate into the NMC induced immobility [326]. These results support our hypothesis that facilitation and inhibition of motor activity are mediated through NMDA and non-NMDA mechanisms in the NMC, respectively. Activation of non-NMDA receptors in the NMC has been suggested to relate to REM sleep atonia. Indeed, Kodama *et al.* [231] found that glutamate release in the NMC, measured by *in vivo* microdialysis and HPLC analysis, increased during REM sleep in the behaving cat.

Specific NMDA and non-NMDA receptor activation-induced muscle tone facilitation and inhibition has been further investigated through the use of microinjection of glutamate receptor agonists and antagonists into the NMC during muscle abnormalities caused by damage to supra-medullary structures. Glutamate receptor antagonists, APV, DGG, GDEE, and CNQX, microinjected into the NMC alone produced no effect on muscle activity [151, 244, 247], indicating that glutamate is not tonically released. However,

the glutamate antagonist, DGG, injected into the NMC reversed muscle tone suppression induced by stimulation of the pontine inhibitory area with carbachol injection [244]. This result indicated that muscle atonia induced by pontine inhibitory area activation during REM sleep is mediated through a glutamatergic mechanism in the NMC. Furthermore, phasic muscle activity may also be mediated by the NMC-glutamate system. Our studies using the decerebrate cat found that lesion of the ventral mesopontine junction, including the caudal part of the ventral tegmental area and retrorubral nucleus in the midbrain and the rostroventral part of the paralemniscal tegmental area in the pons, produced spontaneous or sensory stimuli-induced muscle twitches [250]. This muscle hyperactivity induced by ventral mesopontine junction lesion can be attenuated or blocked by injection of the NMDA antagonist, APV, and non-NMDA agonist, kainate, quisqualate, and willardine, into the NMC [251]. We have hypothesized that the ventral mesopontine junction triggers phasic muscle activity *via* the NMC during sleep [251]. Our anatomical study, using retrograde transport of WGA-HRP combined with immunohistochemistry, demonstrated that the NMC receives glutamatergic projections from both the pontine inhibitory area and ventral mesopontine junction [252].

In contrast to our finding that glutamate injected into the NMC produces muscle atonia, Noga *et al.* [346] found that that injection of glutamate into the NMC produces locomotion in decerebrate animals walking on a moving treadmill. The discrepancy between these studies could result from the technique used and the volume (of 5  $\mu$ l by Noga *et al.* vs. 0.5  $\mu$ l by Lai and Siegel) injected. Our animals sat quietly, while their animals received continuous sensory inputs from the moving treadmill. Sensory input itself may trigger locomotion. Indeed, Aoki and Mori [13] showed that pinna stimulation is able to induce locomotion in the decerebrate cat walking on the moving treadmill. Locomotion induced by injection of high volume (5  $\mu$ l/0.1 M) of glutamate into the NMC could result from chemical diffusion to the lateral part of the medullary locomotor strip. The mean latency for locomotion induced by glutamate injection into the NMC is as long as 30 min [346]. In contrast, low volume (0.5  $\mu$ l/0.1 M) glutamate injection, used in our study, produced muscle tone suppression with a latency of 18 sec [244].

### 3.2.5. Cardiovascular-pulmonary Modulation

A glutamatergic mechanism in the NGC and NMC has been shown to be involved in the regulation of cardiovascular activity. Microinjection of glutamate into the NGC and NMC produces a decrease in blood pressure, and a decrease or no change in heart rate in the rat [4] and cat [246, 452, 510]. However, both pressor and depressor responses can also be elicited by NMDA microinjected into the NGC and NMC [487], indicating facilitatory and inhibitory neurons are intermingled in the NGC and NMC. These NGC/NMC-glutamate induced cardiovascular changes can be blocked by a prior injection of non-specific glutamate antagonists, DGG and GDEE, as well as the specific NMDA antagonist, APV [246]. Glutamate-induced change in cardiovascular activity may be mediated through the dorsal

motor nucleus of the vagus and nucleus tractus solitarius [452], and/or through the NGC/NMC bulbospinal projection [463]. Cardiovascular changes induced by glutamate injection into the NMC have been postulated to be mediated through activation of GABAergic neurons, which project to the thoracic preganglionic neurons [5]. Fifty-four percent of the synapses found in the intermediolateral cell column innervated by NMC are symmetric [5], indicating inhibitory function [366]. In the pulmonary system, glutamate agonists, glutamate and kainic acid, microinjected into the NGC elicit a decrease in respiratory rate and tidal volume [451].

## 3.3. Inhibitory Amino Acids

GABAergic and glycinergic neurons are anatomically segregated in the CNS, with GABAergic neurons predominantly located in the rostral brain and glycinergic neurons located predominantly in the caudal brain and spinal cord. Recently, pharmacological and anatomical studies found that GABA is potentially as important as glycine in the regulation of physiological functions in the caudal brain and spinal cord.

### 3.3.1. GABA

Twenty to fifty percent of the CNS synapses are GABAergic [42, 512], making it the most abundant inhibitory synapse. The majority of GABAergic neurons act as interneurons. However, many GABAergic neurons, such as GABAergic reticulospinal neurons, project to distant targets [183].

#### 3.5.1.1. GABA Receptor

GABA receptors can be divided into 3 types, GABA<sub>A</sub>, GABA<sub>B</sub>, and GABA<sub>C</sub>, based upon their affinity for agonists and antagonists. The GABA<sub>A</sub> receptor can be activated by muscimol and isoguvacine and inhibited by bicuculline, picrotoxin, and gabazine. The GABA<sub>B</sub> receptor is activated by (-)-baclofen and inhibited by phaclofen and saclofen. The GABA<sub>C</sub> receptor is activated by muscimol and *cis-4*-aminocrotonic acid and inhibited by imidazole-4-acetic acid and picrotoxin [44]. Benzodiazepines [404, 435], barbiturates [367, 472], steroids, and ethanol [159, 350, 391] bind to GABA<sub>A</sub> receptor and potentiate GABAergic transmission. GABA<sub>A</sub> and GABA<sub>B</sub> receptors are found in NGC/NMC [45, 154, 288, 508] reticulospinal neurons, which project to the dorsal horn [154, 508]. Electrophysiological study has demonstrated that spontaneous firing of reticulospinal neurons in the NGC/NMC is inhibited by iontophoretic application of GABA [363].

#### 3.3.1.2. Pain Modulation

Although one study has shown that GABA injected into the NMC did not change tail flick latency [20], other studies have demonstrated that a GABAergic mechanism is involved in the NMC algesic response. Microinjection of the GABA<sub>A</sub> receptor agonists, 4,5,6,7-tetrahydroisoxazolo[5,4-c]pyridin-3-ol and muscimol, into the NMC significantly decreased tail flick latency [100]. In contrast, injecting the GABA<sub>A</sub> receptor antagonist, bicuculline, into the NMC produced a significant increase in tail flick latency [100], which could be

### ***Sensory-Motor Integration in the Medial Medulla***

attenuated by a prior injection of 4,5,6,7-tetrahydroisoxazolo [5,4-c]pyridin-3-ol [167], a GABA<sub>A</sub> receptor agonist. This result indicates that activation of the GABA<sub>A</sub> receptor in the NMC elicits a hyperalgesic response. GABA<sub>A</sub> receptor mediated modulation of pain response could result from changes in noxious Off-cell activity. Prolonged firing of noxious Off-cell can be induced by iontophoretic application and microinjection of bicuculline into the NGC and NMC [170].

The effect of GABA<sub>B</sub> receptor in the NGC/NMC on algesic response was determined using a microinjection technique. Injection of baclofen, a GABA<sub>B</sub> receptor agonist, into the NGC and NMC produced an increase in tail flick latency [266]. Thomas *et al.* [467] reported that the effect of GABA<sub>B</sub> receptor activity on algesic response is dose-dependent. A low dose (0.1-1.0 ng) of baclofen injected into the NMC increased tail flick latency, whereas a high dose (30-150 ng) injected into both the NGC and the NMC caused a decrease in tail flick latency. The low dose baclofen effect on tail-flick reflex latency can be blocked by intrathecal treatment of methysergide [156]. They hypothesized that a low dose of baclofen activates pre-synaptic GABA<sub>B</sub> receptors and inhibits GABA release onto the nucleus, which in turn disinhibits bulbospinal serotonergic neuron activity and increases serotonin release in the spinal cord [156]. In contrast, a high dose of baclofen not only activates pre-synaptic GABA<sub>B</sub> receptors, but also causes post-synaptic GABA<sub>B</sub> receptor activation, which hyperpolarizes and inhibits NGC/NMC neuron activity [467].

### **3.3.1.3 Motor Modulation**

As early as the 1960s, several laboratories demonstrated that glycine and GABA can modulate motoneuron activity. Intravenous injection of picrotoxin suppressed pre-synaptic inhibition, whereas injection of strychnine, a glycine antagonist, inhibited post-synaptic inhibition in spinal motoneurons induced by NGC/NMC stimulation of the cat [274]. Injection of GABA<sub>A</sub> agonists, GABA and muscimol, into one side of the NMC blocked contralateral NMC electrical stimulation-induced locomotion. In contrast, injection of GABA<sub>A</sub> antagonists, bicuculline and picrotoxin, into the NMC induced stepping-like activity [226], indicating that a GABAergic mechanism is required in the suppression of motor activity. The effect of GABA<sub>B</sub> receptor activity on motor behavior was also studied by Thomas *et al.* [467]. They found that baclofen microinjected into the NGC/NMC produces motor disturbances, such as tilting of the body and circling on the hot plate.

### ***3.3.2. Glycine***

Glycine and GABA have closely related mechanisms of action. Unlike GABA, which is widespread in the CNS, glycine is more restricted and predominantly located in the spinal cord and brainstem [14].

### **3.3.2.1. Glycine Receptor**

Two subunits,  $\alpha$  and  $\beta$ , of glycine receptors have been identified [138, 139]. The functional unit composed of  $\alpha$  and  $\beta$  subunits, and formed as a pentamer which is permeable to

Cl<sup>-</sup> [34, 442]. Activation of the glycine receptor induces an increase in Cl<sup>-</sup> conductance and hyperpolarization of the neuron. Both glycine and GABA<sub>A</sub> receptor proteins exhibit a significant homology in sequence [359]. Barbiturates have also been shown to act on the glycine receptor subunit, but with a smaller effect than that on the GABA<sub>A</sub> receptor [32]. In contrast to the GABA<sub>A</sub> receptor, the glycine receptor does not respond to most neurosteroids, except the water-soluble steroid, minaxolone [256]. Strychnine is an antagonist highly specific to the glycine receptor [77, 465]. Recently, Meier and Schmieden [309] reported that 2,3-dioxo-6-nitro-1,2,3,4-tetrahydrobenzoquinoline-7-sulfonamide, a potent AMPA receptor antagonist, also antagonizes glycine receptor activity. Glycine, strychnine, and 2,3-dioxo-6-nitro-1,2,3,4-tetrahydrobenzoquinoline-7-sulfonamide bind to the  $\alpha$  subunit of the receptor [138, 140, 309]. The glycine receptor has been found in the NGC/NMC, with a density that is much lower than that of the GABA receptor [15, 125, 380, 382,410].

### **3.3.2.2. Sensory Modulation**

The role of glycine in sensory modulation has received little attention. No study examining the effect on sensory response of local infusion of glycine agonist into the NGC/NMC has been done. However, one study showed that microinjection of strychnine into the NMC did not change the latency of the tail-flick reflex [167], suggesting that glycine input does not generate a tonic inhibitory effect on algesic related neuronal activity.

### **3.3.2.3. Motor Modulation**

No data exists on the effects of glycine agonist injection into the NGC/NMC on motor activity. However, it is thought that the NGC/NMC glycine system may be involved in phasic and tonic muscle activity. One study found that the injection of strychnine into the NGC/NMC generated myoclonus, indicating a NGC/NMC glycinergic mechanism is involved in myoclonus generation [68] (see details in the later section on myoclonus). It is speculated that motoneuron IPSPs induced by NGC/NMC stimulation are mediated by glycine, because IPSPs induced by NGC/NMC stimulation were blocked by iontophoretic application of strychnine [441].

### **3.3.2.4. Cardiovascular Modulation**

Microinjection of glycine (50 nl) into the NMC of the rat produced an increase in mean arterial blood pressure in most cases, with a small number of injections inducing a decrease in blood pressure [487]. This suggests that a glycinergic mechanism in the NMC may play a role in the regulation of cardiovascular activity.

## **3.4. Dopamine**

Dopamine has been implicated in a variety of physiological functions. Dopamine receptors are the major target of drug treatment in Parkinson's disease, restless leg syndrome, periodic leg movement disorder, Tourette syndrome, attention deficit hyperactivity disorder, schizophrenia and substance abuse. However, the functional aspects of

dopamine and dopamine receptors in the CNS remain unclear.

### 3.4.1. Dopamine Receptor

Dopamine receptors have been classified into two subtypes, dopamine D<sub>1</sub> and D<sub>2</sub>. Recent studies demonstrated that additional dopamine receptors exist in the CNS. Dopamine D<sub>5</sub> receptors resemble the D<sub>1</sub> receptor, whereas D<sub>3</sub> and D<sub>4</sub> receptors are related to the D<sub>2</sub> receptor [10]. Thus, dopamine receptors can be segregated into two subfamilies, D<sub>1</sub>- and D<sub>2</sub>-like receptors.

Dopamine D<sub>1</sub>- and D<sub>2</sub>-like receptors produce opposite effects on adenylyl cyclase activity, which is typically increased by D<sub>1</sub>-like receptor stimulation, and decreased or unaltered by D<sub>2</sub>-like receptor activation [221, 449, 500]. Dopamine D<sub>1</sub> and D<sub>2</sub>-like receptors have differential affinity for dopamine agonists and antagonists. The dopamine D<sub>1</sub>-like receptor can be both activated and antagonized by benzazepine derivatives, depending upon their molecular structures. SKF 38393 activates [190, 191], and SCH 23390 and SCH 39166 [66] inhibits dopamine D<sub>1</sub>-like receptor activity. The dopamine D<sub>2</sub>-like receptor is activated by ergot alkaloids, quinpirole and bromocriptine [429], and inhibited by sulpiride and haloperidol [313, 408]. Many newer dopamine D<sub>2</sub>-like receptor agonists and antagonists have been recently developed, that have a higher affinity for either the dopamine D<sub>3</sub> or D<sub>4</sub> receptor. The anti-parkinsonism drugs that have recently been approved in the United States, pramipexole and ropinirole, are dopamine D<sub>3</sub> receptor-preferring agonists [219, 313, 374]. Clozapine, an atypical anti-psychotic drug, is a D<sub>4</sub>-receptor-preferring antagonist [486], that also acts on serotonergic and muscarinic receptors [310].

Both dopamine D<sub>1</sub> and D<sub>2</sub>-like receptors are localized pre- and post-synaptically. Activation of the pre-synaptic dopamine D<sub>1</sub> [160, 322, 344] and D<sub>2</sub>-like [232, 424] receptors inhibits transmitter release. However, stimulation of the dopamine D<sub>1</sub>-like receptor resulted in an increase in transmitter release has also been reported [53, 383]. Dopamine fibers and terminals have been identified in the NGC/NMC [228].

### 3.4.2. Sensory Modulation

Previous studies of dopamine function have been focused on the ventral midbrain dopaminergic neurons and their ascending projections to the basal ganglia. The descending dopamine system has received little attention. The effect of local dopamine agonist injection into the NGC/NMC on algic response has not been studied, although one study showed that the dopamine D<sub>2</sub> receptor agonist, 2-(N-phenethyl-N-propyl) amino-5-hydroxytetralin HCl, injected into the raphe magnus in the amount of 2  $\mu$ l, a relatively large amount allowing the chemical diffuse to the adjacent NMC, increases the latency of tail flick. In contrast, the dopamine D<sub>1</sub> receptor agonist, SKF 38393, failed to induce an antinociceptive response [373]. The effect of dopamine injection into the raphe magnus, and possibly the NMC, on algic response could result from changes in NMC neuronal activity. Belczynski *et al.* [31] demonstrated that intra-

peritoneal injection of cocaine, a dopamine uptake inhibitor, increases the NMC neuronal activity in response to somatic noxious stimulation. This cocaine effect on neuronal activity in the NMC can be partially reversed by chlorpromazine, a non-specific dopamine receptor antagonist, but not naloxone, I

### 3.4.3. Motor Modulation

The physiological function of dopamine in the NGC/NMC in regards to the regulation of motor activity has not been investigated. In our recent study, we found that microinjection of the dopamine D<sub>2</sub> receptor agonist, quinpirole, into the NMC suppresses neck, forelimb, genioglossus and diaphragm EMG activity in decerebrate animals. In contrast, microinjection of SKF 38393 into the same, or nearby site of NMC had no effect on muscle activity [254]. We have hypothesized that a glutamatergic mechanism may be involved in the dopamine D<sub>2</sub> receptor mediated muscle tone suppression. Activation of the dopamine D<sub>2</sub> receptor has been shown to inhibit NMDA receptor transmission [235, 265]. Our previous studies revealed that injection of NMDA into the NMC facilitates muscle activity [151, 247] (see details in Section 3.2.5). Thus, muscle tone suppression induced by the dopamine D<sub>2</sub> receptor agonist injected in the NMC may be mediated through an inhibition of NMDA receptor activity, which in turn disfacilitates motor activity.

### 3.5. Norepinephrine

Activation of the noradrenergic system has been reported to be involved in the modulation of motor activity [126, 244], waking [17], sympathetic activity [99] and nociception [209]. The noradrenergic system has been hypothesized to regulate the NGC/NMC region [176, 253].

#### 3.5.7. Adrenergic Receptor

As early in 1948, Ahlquist [3] had reported that adrenergic receptors can be divided into 2 classes,  $\alpha$  and  $\beta$ , based on pharmacological criteria. Both  $\alpha$ - and  $\beta$ -adrenoreceptors belong to the super family of G protein-coupled receptors.

##### 3.5.1.1. $\alpha$ -Adrenergic Receptor

Two subtypes,  $\alpha_1$  and  $\alpha_2$ , of adrenergic receptor have been identified [86].  $\alpha_1$ -Adrenergic receptor can be activated by phenethylamines, such as norepinephrine, phenylephrine, and methoxamine. The  $\alpha_2$ -Adrenergic receptor responds to imidazolines, such as clonidine and oxymetazoline.

$\alpha_1$  Adrenergic receptors express differential affinity to WB-4101, an  $\alpha_1$  Adrenergic receptor antagonist. Morrow and Creese [328] revealed that one subtype of the  $\alpha_1$  adrenergic receptor, ( $\alpha_{1A}$ ), expresses high affinity, while the other subtype of the receptor,  $\alpha_{1B}$ , has low affinity to WB-4101. It was subsequently reported that another subtype of  $\alpha_1$ -Adrenergic receptor,  $\alpha_{1C}$ , could be cloned from bovine brain [419]. At the cellular level,  $\alpha_{1A}$ -adrenergic receptors are linked to the influx of extracellular calcium, whereas  $\alpha_{1B}$ -adrenergic receptors are linked to the release of intracellular calcium [157].

$\alpha_2$ -Adrenergic receptors have been found to be activated by clonidine and antagonized by yohimbine. Four subtypes,

$\alpha_{2A}$ ,  $\alpha_{2B}$ ,  $\alpha_{2C}$  and  $\alpha_{2D}$ , of  $\alpha_2$ -adrenergic receptor have been identified [40, 371, 437]. In the CNS, the pre-synaptic  $\alpha_2$ -adrenoceptor is the  $\alpha_{2A}$  subtype [271] which acts as an auto- or heteroreceptor [135].

### 3.5.1.1. $\beta$ -Adrenergic Receptor

$\beta$ -Adrenergic receptors stimulate adenylate cyclase activity. Three subtypes,  $\beta_1$ ,  $\beta_2$ , and  $\beta_3$ , have been identified [105, 257]. Pharmacological studies showed that  $\beta_1$ -adrenergic receptor expresses almost equal affinity to norepinephrine, whereas  $\beta_2$ -adrenergic receptor displays a higher affinity for epinephrine than for norepinephrine [257].

### 3.5.2. Pain Modulation

Noradrenergic varicosities have been found to contact NMC neurons [312, 462]. Pharmacological studies demonstrated that injection of phentoamine, an  $\alpha_1/\alpha_2$ -adrenoceptor antagonist, into the NMC produces hypoalgesia in the behaving animal [155]. In the pentobarbital anesthetized rat, norepinephrine and clonidine injected into the NMC produce analgesic response, which can be blocked by yohimbine but not WB-401, indicating an  $\alpha_2$ -adrenoceptor mechanism is involved in hypoalgesia [161]. Noradrenergic induced analgesia may be mediated through an excitatory effect on On-cells in the NMC [168].

### 3.5.3. Motor Modulation

The effect of adrenergic receptor agonists and antagonists administered into the NGC/NMC on the motor system has not been studied. However, we had found that electrical stimulation in the NGC/NMC that produced muscle tone suppression simultaneously decreases in norepinephrine release onto motoneuron pools in the hypoglossal nucleus and spinal ventral horn in the decerebrate animal [253]. This result indicates that NGC/NMC stimulation-induced change in muscle tone may be partially mediated through an inhibition of the adrenergic system,

## 3.6. Serotonin

The serotonin (5-HT) system has been shown to be involved in locomotion, sleep, mood, feeding and sympathetic activity. Activation of the pre-synaptic serotonin receptor, which serves as an auto- and heteroreceptor, produces an increase, a decrease, and no change in neurotransmitter release [25, 342]. On the other hand, the activation of post-synaptic 5-HT receptor elicited EPSPs, and increased neuronal activity of variety of neurons, such as motoneuron and cortical pyramidal neurons [2, 456, 484].

### 3.6.1. Serotonin Receptor

The classification of 5-HT receptors is based on the characterization of the structure, the binding affinity of agonist and antagonist, and physiological functions. Seven subfamilies of 5-HT receptor have been identified [505]. All 5-HT receptor subfamilies, except 5-HT<sub>3</sub>, are related to adenylate cyclase activity *via G* proteins. 5-HT<sub>3</sub> receptors are Ca<sup>2+</sup>-permeable ion channels. Most of 5-HT agonists and antagonists are not highly selective for 5-HT receptors [25].

They are also sensitive to adrenoceptor and dopamine receptor [215, 511].

### 3.6.2. Physiological Functions of NGC/NMC-serotonin System

Some neurons in the NGC/NMC contain the 5-HT receptor [117, 324, 468]. A serotonergic mechanism in the NGC/NMC has been shown to relate to sleep and nociception. Injection of 5-hydroxytryptophan, a serotonin precursor, into the NGC/NMC induced signs of slow wave sleep, including EEG synchronization and spindle and slow irregular activity in the hippocampus on the cat [260]. Using an *in vivo* dialysis technique, Blanco-Centurion and Salin-Pascual [39] found that serotonin levels in the NGC/NMC are low during SWS and lowest during REM sleep when compared with waking. With regard to nociception, serotonin micro injected into the NGC and the NMC did not alter the aigestic response [6]. However, unilateral injection of methysergide into the NGC/NMC significantly increased the current, necessary to inhibit the tail-flick reflex induced by stimulation from the contralateral side [6], and reduced the amount of morphine required for PAG induced analgesia in the rat [224]. Using an *in vivo* dialysis technique, Taylor and Basbaum [464] found that the injection of formalin into the plantar surface of the hindlimb in the freely moving rat increased the serotonin level in the NMC. Lidocaine injected into the NMC also attenuated systemic serotonin injection induced analgesia [471]. These results indicated that serotonin in the NMC may also be involved in nociception.

## 3.7. Acetylcholine

The cholinergic system has been reportedly linked to learning, memory and motor activity. Dysfunction of the cholinergic system in the forebrain contributes to Alzheimer's disease and dementia.

### 3.7.1. Cholinergic Receptor

Cholinergic receptors are classified as nicotinic or muscarinic receptors. Nicotinic cholinergic receptors belong to the superfamily of receptor-gated ion channels, whereas muscarinic cholinergic receptors are members of the superfamily of G-protein-coupled receptors.

#### 3.7.1.1. Nicotinic Receptor

Nicotinic receptors are located in the CNS and in muscle. The central (neuronal) and peripheral (muscle) nicotinic receptors are different in structure. The nicotinic receptor of the neuromuscular junction has 4 subunits,  $\alpha$ ,  $\beta$ ,  $\gamma$ , and  $\delta$ , whereas the neuronal nicotinic receptor is composed of 2 subunits,  $\alpha$  and  $\beta$  [166, 495, 503]. Highly selective nicotinic antagonists have been developed.  $\alpha$ -Bungarotoxin is a peptide which blocks neuromuscular transmission without exhibiting any effect on the neuronal nicotinic receptor [217, 273]. In contrast,  $\beta$ -bungarotoxin is a highly selective neuronal nicotinic receptor antagonist [273, 276].

#### 3.7.1.2. Muscarinic Receptor

Five cholinergic muscarinic receptors, M<sub>1</sub>-M<sub>5</sub>, have been identified. Cholinergic M<sub>1</sub>, M<sub>3</sub>, and M<sub>5</sub> receptors are coupled with phosphatidylinositol turnover, and enhance the

intracellular  $Ca^{2+}$  level, while the  $M_2$  and  $M_4$  receptors inhibit adenylyl cyclase activity [16, 259, 422]. Many muscarinic agonists and antagonists express a small degree of selectivity in relation to the subtypes of the receptor [24, 93]. In general, agonists tend to have higher potencies and an efficacy for  $M_2$  and  $M_4$  receptors [210, 306], whereas antagonists are more selective for the  $M_1$  receptor than for the  $M_2$  receptors [93].

### 3.7.2. Sensory Modulation

The NGC/NMC reticulospinal neurons include cholinergic and cholinceptive neurons [177, 317, 360, 427]. The NGC/NMC neurons have both nicotinic and muscarinic receptors [75, 384, 443]. Consistent with anatomical findings, pharmacological studies showed that cholinergic agonists injected into the NGC/NMC induce antinociception [1, 196, 229]. Injection of the  $M_1$  cholinergic receptor agonist, (+)-*cis*-methyldioxolane, into the NMC produces a dose-dependent increase in latency of hot-plate and tail-flick reflexes, which can be blocked by pre-treatment with the  $M_1$  cholinergic receptor antagonist, pirenzepine, into the NMC [196]. It has been postulated that the  $M_1$  cholinergic effect on algesic response is mediated through nitric oxide. Injection of the nitric oxide synthase inhibitor,  $L$ - $N^G$ -nitroarginine, into the NMC reversed (+)-*cis*-methyldioxolane-induced antinociception [196]. In contrast,  $L$ -arginine pre-treatment reversed  $L$ - $N$ -nitroarginine-induced antinociception produced by methyldioxolane injection [196]. The cholinergic  $M_2$  receptor may also be involved in the modulation of algesic responses. Injection of methocramine, a cholinergic  $M_2$  receptor antagonist, into the NMC reversed PAG-morphine injection induced analgesic response in the tail-flick reflex test [445]. The nicotinic mechanism may also participate in algesic response. Spinella *et al.* [446] found that the injection of mecamylamine, a non-selective nicotinic receptor antagonist, into the NGC/NMC blocked PAG p-endorphin injection induced analgesia.

### 3.7.3. Motor Modulation

The NGC/NMC cholinergic system has no effect on basal muscle tone in the decerebrate cat [244]. However, the cholinergic system in the NGC/NMC is able to modulate motor activity if rhythmic peripheral sensory input is present. Kinjo *et al.* [226] reported that muscarinic cholinergic agonists, carbachol, methacholine, and arecoline, injected into the NMC in the decerebrate rat walking on the treadmill generated long-lasting (5-10 min) locomotion. This cholinergic injection induced locomotion can be blocked by pre-treatment with the cholinergic antagonist, atropine. In contrast, our study in the decerebrate animal found that acetylcholine microinjected into the nucleus paramedianus, an area adjacent and caudal to the NGC/NMC, produces muscle atonia [244]. The effect of acetylcholine on muscle activity could be reversed by prior injection of atropine.

### 3.7.4. Cardiovascular and Pulmonary Modulation

Acetylcholine injection into the NGC/NMC produced a significant decrease in mean arterial blood pressure, and a significant increase in heart rate in the decerebrate cat [246]. Cardiovascular changes induced by acetylcholine injection

into the NGC/NMC could be blocked by a prior local injection of the muscarinic acetylcholine antagonist, atropine [246].

### 3.7.5. Regulation of Sleep

The cholinergic system in the NGC/NMC may be involved in the regulation of sleep. One study showed that carbachol injected into the NGC/NMC generated long lasting wakefulness and eliminated SWS and REM sleep [23].

### 3.8. Substance P

Substance P is a peptide which contains 11 amino acids. Substance P is a part of the tachykinin (neurokinin; NK) family, along with neurokinin A and neurokinin B [107]. Substance P is found in the CNS and acts as a neurotransmitter [428]. Three types of tachykinin receptor,  $NK_1$ ,  $NK_2$ , and  $NK_3$ , have been identified.  $NK_1$ ,  $NK_2$ , and  $NK_3$  receptors have preferential affinity to substance P, neurokinin A, and neurokinin B, respectively [389]. However, all three agonists can act on each of the three NK receptors [389]. The  $NK_1$  receptor couples to G-proteins [401]. Activation of the  $NK_1$  receptor activates phospholipase C, which in turn induces an increase in inositol 1,4,5-triphosphate and  $Ca^{2+}$  influx [320].

Substance P receptors have been identified in the NMC [282, 337]. Substance P immunoreactive fibers, which originate from the PAG [518] are found in the NMC. Pharmacological study has shown that injection of substance P into the NMC generates brief episodes of stepping activity (5-10 sec) with long latency (5-10 min) in the decerebrate rat [226]. Iontophoretic application of substance P into the NMC increased neuronal firing, which mimicked noxious stimuli (foot pinch) induced firing [150]. However, the nociceptive response was unaltered by application of substance P into the NMC [150].

### 3.9. Cholecystokinin

Cholecystokinin (CCK) is both a gut and a brain peptide. CCK is an 8 amino acid peptide, with immunoreactive fibers and terminals that have been found in the NMC [237, 439]. Two classes of CCK receptor,  $CCK_1$  ( $CCK_A$ ) and  $CCK_2$  ( $CCK_B$ ), have been identified. Both  $CCK_1$  and  $CCK_2$  receptors are coupled to G-proteins [377]. Activation of  $CCK_1$  and  $CCK_2$  receptors induced an efflux of  $Ca^{2+}$  [128, 476]. Although both  $CCK_1$  and  $CCK_2$  receptors are found in the brain, the  $CCK_1$  receptor is mainly located in peripheral tissues [174]. The  $CCK_2$  receptor has been shown to express an anti-opioid action [114]. Local infusion of CCK into the NMC facilitated algesic response to colon extension [124]. Although the tail flick latency was not altered, a significant inhibition of morphine-induced analgesia was found when CCK was infused into the NMC [171]. In contrast, a prior injection of  $CCK_2$  receptor antagonist, L-365,260, into the NMC, potentiated morphine-induced analgesia [124].

### 3.10. Neurotensin

Neurotensin is a 13 amino acid peptide, with two subtypes of neurotensin receptor,  $NTS_1$  and  $NTS_2$ . Both

NTS<sub>1</sub> and NTS<sub>2</sub> receptors belong to the superfamily of G-protein coupled receptor, and are sensitive to levocabastine, a histamine antagonist [301, 460, 494]. However, the two subtypes of receptor have differential affinities for neurotensin. NTS<sub>1</sub> is a high affinity receptor while the NTS<sub>2</sub> receptor is a low affinity receptor. The action of the NTS<sub>1</sub>, but not the NTS<sub>2</sub>, receptor can be blocked by the specific antagonist, SR48692 [143]. Studies using immunohistochemical and autoradiographical techniques have shown that neurotensin fibers [85] and neurotensin receptors [199, 222, 514] are localized in the NMC.

The NMC-neurotensin system is postulated to be involved in the regulation of the algesic response. Intra-cisternal infusion of neurotensin produces antinociception [72], Neurotensin-induced analgesia may be mediated through the PAG and the NMC. Neurotensin-containing neurons have been identified in the ventral PAG [29] and project to the NMC [267]. Injection of the neurotensin agonist, [ $\beta$ -Trp<sup>11</sup>]neurotensin, into the NMC potentiated PAG morphine-induced analgesia [479]. Microinjection of neurotensin into the NGC/NMC also elicits a dose-dependent increase in latency of tail-flick [111, 479] and hotplate reflex response [211]. Neurotensin microinjected into the NMC also inhibited visceral nociception, which can be attenuated by prior injections of the neurotensin antagonist, SR48692, into the NMC [481].

### 3.11. Hypocretin (Orexin)

Hypocretins (orexin) are newly discovered peptides, which are involved in the regulation of sleep-wake, motor activity, feeding, stress response, and autonomic activity. Hypocretin 1 (orexin A) and hypocretin 2 (orexin B) are derived from the same precursor, prepro-orexin [84, 406]. Hypocretin activates 2 G-protein coupled receptors, OX<sub>1</sub> and OX<sub>2</sub> [406]. Activation of OX<sub>1</sub> and OX<sub>2</sub> receptors induces an increase in cytoplasmic Ca<sup>++</sup> and increases amino acid release [483].

In the CNS, hypocretinergic neurons were located exclusively in the posterior/lateral hypothalamus. Projecting fibers from hypocretinergic neurons have been found to be distributed in the widespread areas of the CNS, including the NGC/NMC [372]. Microinjection of orexin into the NGC and NMC produces an opposite effect on muscle activity, a decrease and increase in muscle tone, respectively [314].

### 3.12. Cannabinoid

Cannabinoids are psychoactive compounds obtained from the marijuana plant. Cannabinoids have been shown to have a profound effect on sensory perception, mood, and memory. These compounds may have therapeutic potential in the treatment of chronic pain. The endogenous cannabinoid ligands, anandamide and sn-2-arachidonylglycerol, were identified as an arachidonate derivative that activate the cannabinoid receptor [89, 118, 448]. Two subtypes of the cannabinoid receptor, CB<sub>1</sub> and CB<sub>2</sub>, have been cloned and identified [297, 330]. Cannabinoid CB<sub>1</sub> and CB<sub>2</sub> receptors are found in the brain and peripheral tissues, but the cannabinoid CB<sub>2</sub> receptor is localized predominantly in peripheral tissues [129, 134, 280]. Activation of cannabinoid

receptor inhibits voltage-gated Ca<sup>2+</sup> channels and activates K<sup>+</sup> channels [83, 118]. It has been shown that stimulation of the cannabinoid CB<sub>1</sub> receptor inhibits neurotransmitter release [90, 425].

Physiologically, microinjection of cannabinoid receptor agonists, WIN55,212-2 and HU210, into the NMC elicited a significant increase in tail-flick latency. This NMC cannabinoid effect on analgesic response can be attenuated by the co-administration of the cannabinoid receptor antagonist, SR141716A [295]. It has been hypothesized that antinociceptive response of cannabinoid injection into the NMC is mediated through inhibition of GABAergic transmission [488].

## 4. NGC/NMC AND NEUROLOGICAL DISEASES

As we described above, the NGC/NMC plays an important role in the modulation of sensory input and motor output. Thus, dysfunction of NGC/NMC could elicit sensory-motor disorders.

### 4.1. Neurodegenerative Diseases

Lewy bodies and Lewy neurites are neuronal inclusions, which are pathological features of several neurodegenerative diseases, such as Parkinsonism, REM sleep behavior disorder, Alzheimer's disease, and multiple system atrophy. Lewy bodies and Lewy neurites can be visualized using the hematoxylin-eosin technique. Recent studies showed that  $\alpha$ -synuclein is the major component of Lewy bodies and Lewy neurites. Thus, immunohistochemical staining for  $\alpha$ -synuclein is better able to detect Lewy bodies and Lewy neurites than the hematoxylin-eosin stain.  $\alpha$ -Synuclein, which localizes in synaptic terminals [291] and binds to synaptic vesicles [79], is a hydrophilic molecule and a neuron-specific protein that consists of 140 amino acids. Physiologically,  $\alpha$ -synuclein may play an important role in the maintenance and stabilization of fully mature synapses [331]. Abnormal aggregation of  $\alpha$ -synuclein forms inclusion bodies, which are deposited in Lewy bodies and Lewy neurites [21].

#### 4.1.1. Parkinson's Disease (PD)

It is well-known that neurodegeneration in the ventral midbrain dopaminergic areas, the retrorubral nucleus (A8), the substantia nigra (A9), and the ventral tegmental area (A10), causes PD. Postmortem histology, using hematoxylin-eosin technique, revealed that Lewy bodies and Lewy neurites are found in the ventral midbrain [121] and the NGC/NMC [153, 352] in Parkinson's disease patients. Using  $\alpha$ -synuclein immunohistochemistry, Braak *et al.* [48, 49] reported that Lewy bodies and Lewy neurites are found in the NMC. Agyrophilic glial inclusions, so-called glial fibrillary tangles, are also found in the NGC/NMC in Parkinsonism [132, 175]. In a study on postencephalitic Parkinson patients, Geddes *et al.* [132] reported that neurofibrillary tangles were found in the NGC/NMC in 4 out of 7 patients. Animal studies have shown that Lewy bodies were found in the NGC/NMC in transgenic mouse expressing A53T human  $\alpha$ -synuclein, which showed a severe movement disorder [133]. A53T human  $\alpha$ -synuclein

has been shown to cause early onset of human Parkinsonism [133].

In recent studies, Braak *et al.* [49, 50] examined Lewy bodies in the CNS of PD-like patients at different stages, and concluded that neurodegeneration in the CNS in PD follows a predetermined sequence. They found that  $\alpha$ -synuclein positive neurons are present in the olfactory bulb, locus coeruleus, and the NGC/NMC in the early stage of Parkinsonism. In contrast, neurons in the A8, A9, and A10 were normal in this early stage of Parkinsonism. In the advanced stages of PD, in which patients expressed the full range of symptoms,  $\alpha$ -synuclein positive neurons were found in the locus coeruleus, NGC/NMC, and ventral midbrain dopaminergic areas. In the terminal stage of the PD,  $\alpha$ -synuclein positive neurons were also found in the cortex. Thus, they concluded that the substantia nigra is not the induction site in the brain involved in the neurodegenerative process. Instead, the brainstem including the NGC/NMC, is one of the initial sites in the pathological process in PD [50].

#### 4.1.2. REM Sleep Behavior Disorder (RBD)

REM sleep behavior disorder (RBD) is a movement disorder during sleep [415, 454]. RBD is characterized by violent and dream-enacting behavior during REM sleep [415]. A very high percent of RBD patients also have PD at the time of RBD diagnosis [103, 501]. It has been found that 38%-52% of RBD patients developed PD symptoms years after diagnosed [255, 358, 416,]. Lewy bodies have been found in the NMC of RBD patients, using  $\alpha$ -synuclein immunohistochemical technique [478].

#### 4.1.3. Amyotrophic Lateral Sclerosis

Amyotrophic lateral sclerosis is a progressive neurodegenerative disease that affects both upper and lower motor neurons. Bunina bodies, the neuronal intracytoplasmic eosinophilic inclusions first described by Bunina [51], were found in lower motor neurons, including both cranial and spinal motoneurons. Recently, postmortem examination revealed that Bunina bodies are located in the NGC/NMC of amyotrophic lateral sclerosis patients [216, 335, 336, 354].

### 4.2. Other Neurological Diseases

#### 4.2.1. Myoclonus (Including Restless Legs Syndrome and Periodic Leg Movement Disorder)

Myoclonus is a rapid, involuntary, muscle jerk. Periodic leg movement is myoclonus that appears regularly during sleep. Restless legs syndrome is an uncomfortable sensation in the legs and arms during rest. Restless legs syndrome typically appears in the late afternoon or evening. More than 80% of restless legs syndrome patients also have periodic leg movement.

Myoclonus can result from cancer as well as toxic, metabolic, infectious, and neurodegenerative disorders. The areas in the CNS involved in myoclonus include the cortex, thalamus, cerebellum, brainstem and spinal cord. The NGC/NMC has been suggested to be a myoclonus generator [87]. Postmortem examination revealed peri vascular lymphocytic cuffing in the cortex, cerebellum, basal ganglia,

pons and medulla in opsoclonus-myoclonus patients [513]. An increase in glucose metabolism in the NGC/NMC has been reported in human patients with palatal myoclonus [101]. Hyperactivity of the NGC/NMC mediated reflex myoclonus is reported in humans post-hypoxic myoclonus [152].

It has been suggested that toxic-induction of myoclonus results from reticular reflexes, and is mediated through the NGC/NMC. Patients with renal failure exhibit a variety of sensory-motor disorders, myoclonus [477] and restless legs syndrome [73, 395, 501, 504]. Chadwick and French [59] reported that uremic myoclonus closely resembles post-hypoxic myoclonus. They suggested that uremic myoclonus may be caused by the dysfunction of the NGC/NMC. Thus, myoclonus, including that of wakefulness and periodic leg movement during sleep, as well as restless legs, in renal failure patients may be mediated by the NGC/NMC. Indeed, animal studies demonstrated that systemic infusion of urea generated spontaneous and stimulus-sensitive myoclonus associated with paroxysmal activity in the NGC/NMC in the cat [332, 523]. A unit recording study revealed that neuronal activity in the NGC/NMC preceded urea-induced myoclonus in the rat [332]. A receptor binding assay study showed that urea inhibits strychnine binding in the NGC/NMC, indicating that urea may act on the NGC/NMC by the blockade of glycine transmission [69]. Not surprisingly, strychnine injection into the NGC/NMC did indeed elicit myoclonus in the rat [68]. Myoclonic jerks were also induced in human subjects when exposed to 1,1,1-trichloro-2,2-bis(4-chlorophenyl) ethane [108]. Animal studies showed that local infusion of *p,p'*-1,1,1-trichloro-2,2-bis(4-chlorophenyl) ethane into the NGC/NMC generated stimulus-sensitive myoclonus in the rat [67, 70]. Injection of chloralose into the NGC/NMC also induced spontaneous and stimulus-sensitive myoclonus, indicating that NGC/NMC may play a role in the generation of myoclonus [11].

#### 4.2.2. Narcolepsy-cataplexy

Cataplexy, the sudden loss of muscle tone during waking, triggered by emotional excitation, occurs in 0.05% of the population. Cataplexy can be provoked either by play or by the presentation of preferred foods in the narcoleptic dog [434]. Recent studies have shown that dysfunction of the hypocretin system in the hypothalamus is linked to narcolepsy [65, 272, 466]. However, neuronal dysfunction in the NGC/NMC may play a mediating role in the control of Cataplexy. Unit recording revealed that cataplexy-on and -off cells, which increase and decrease firing during calaplexic attack, respectively, are found in the NGC/NMC [434]. Cataplexy-on cells, which fire at high rates only during cataplexy and REM sleep, tend to be located in the NMC, whereas cataplexy-off cells, which fire in both waking and REM sleep, are found in the NGC [434].

### 5. CONCLUSION

Spontaneous and stimulus-induced involuntary muscle activities, such as tremor and myoclonus, have been hypothesized to originate from subcortical structures. The NGC/NMC has been suggested to be involved in sensory-motor disorders, largely because of its role in the regulation

of sensory-motor integration. Visceral and somatic sensory stimuli from widespread areas of the body converge on the NGC/NMC. Activation of the NGC/NMC, either by peripheral sensory stimuli or by the upper CNS stimulation, influences spinal dorsal horn sensory neuron activity. The NGC/NMC also serves as a final common pathway in the regulation of motor activity. Locomotion and muscle atonia can be induced by NGC/NMC activation. Because the NGC/NMC is a heterogeneous structure, neuronal dysfunction of sub-populations of the NGC/NMC neuron will cause specific sensory and motor abnormalities, rigidity, cataplexy and myoclonus. The balance between facilitatory and inhibitory systems in the NGC/NMC is critical to maintaining normal function of sensory and motor activity. The understanding of neurotransmitter and receptor types of NGC/NMC neurons, and their physiological functions in the regulation of sensory-motor integration, is of great importance in the design of therapeutic strategies to reverse some neurological disorders, such as Parkinson's disease, restless legs syndrome, periodic leg movement, REM sleep behavior disorder and cataplexy.

#### ABBREVIATIONS

AMPA	=	a-amino-3-hydroxy-5-methylisoxazolepropionic acid
APV	=	D(-)-2-amino-5-phosphonovalerate
CCK	=	Cholecystokinin
CNQX	=	6-cyano-7-nitroquinoxaline-2,3-dione
DGG	=	$\gamma$ -D-glutamylglycine
DNQX	=	6,7-dinitroquinoxaline-2,3-dione
EEG	=	Electroencephalograph
EPSP	=	Excitatory postsynaptic potential
GDEE	=	L-glutamic acid diethyl ester
mGluR	=	Metabotropic glutamate receptor
IPSP	=	Inhibitory postsynaptic potential
NGC	=	Nucleus gigantocellularis
NGC $\alpha$ and NGC $\nu$	=	Nucleus gigantocellularis alpha and ventralis respectively
NK	=	Neurokinin
NMC	=	Nucleus magnocellularis
NMDA	=	N-methyl-D-aspartate
PAG	=	Periaqueductal gray
PD	=	Parkinson's disease
RBD	=	REM sleep behavior disorder
REM	=	Rapid eye movement
RMM	=	Rostral medial medulla
SWS	=	Slow wave sleep
5-HT	=	Serotonin

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